

# Select New Account Application



Distributed by Foreside Fund Services, LLC

## Important Notice - Compliance with The USA Patriot Act

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will verify this information to ensure the identity of all individuals opening a mutual fund account.

**Please note that if the application is not completed in full with the necessary data required by federal law, your initial investment and account application will be returned to you for completion.**

Please call 1-800-658-5811 for assistance to complete this form.

## 1 FUND SELECTION

American Beacon Select Fund (number)	Minimum Investment	Initial Investment
<input type="checkbox"/> Money Market Select Fund (1201)	\$1,000,000	\$ _____
<input type="checkbox"/> U.S. Government Money Market Select Fund (1901)	\$1,000,000	\$ _____

## 2 ACCOUNT TYPE (Please choose one)

- Financial Institution regulated by a federal financial regulator (account is for own behalf or for benefit of its clients)
- Bank regulated by a state bank regulator (account is for own behalf or for benefit of its clients)
- S Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)
- C Corporation (A copy of the certified articles of incorporation or business license of the corporation must be attached.)  
If publicly traded corporation, please provide symbol: \_\_\_\_\_
- Trust (A copy of the first and last page of the trust agreement must be attached.) Date of trust agreement \_\_\_\_\_
- Government Agency or Instrumentality
- Partnership (A copy of the partnership agreement must be attached.)
- Retirement plan covered by ERISA
- Other: \_\_\_\_\_  
(Legal documentation that identifies the business name, street address, and EIN must be attached.)

### Please check any applicable boxes below:

- |                                                                      |                                                                             |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Broker/Dealer – NSCC Clearing Number: _____ | <input type="checkbox"/> Defined Benefit Plan                               |
| <input type="checkbox"/> Defined Contribution 401(k) Plan            | <input type="checkbox"/> Hospital / HMO                                     |
| <input type="checkbox"/> Public Sector / Municipality                | <input type="checkbox"/> Foundation / Endowment                             |
| <input type="checkbox"/> 457                                         | <input type="checkbox"/> Insurance Company                                  |
| <input type="checkbox"/> 403(b)                                      | <input type="checkbox"/> Taft Hartley                                       |
| <input type="checkbox"/> Other Non-Profit                            | <input type="checkbox"/> Omnibus Account (multiple underlying shareholders) |

Shareholder Tax Status (Please Check One):  Taxable  Non-taxable

### 3 ACCOUNT INFORMATION

_____ Name of Corporation or Other Entity	_____ Tax ID Number	_____ Date of Trust Agreement if Trust
_____ Primary Contact, Trustee or Custodian	_____ Social Security Number (Not required for corporate accounts)	_____ Date of Birth (Not required for corporate accounts)
_____ Mailing Address (Primary Contact) <small>(If mailing address is a post office box, a street address is also required by the USA Patriot Act)</small>	_____ City	_____ State      Zip
_____ Street Address (Primary Contact)	_____ City	_____ State      Zip
State in Which Domiciled: _____	State of Incorporation/Registration: _____	
_____ E-mail Address	_____ Phone	_____ Fax
_____ Secondary Contact, Trustee or Custodian	_____ Social Security Number (Not required for corporate accounts)	_____ Date of Birth (Not required for corporate accounts)
_____ Mailing Address (duplicate statements)	_____ City	_____ State      Zip
_____ E-mail Address	_____ Phone	_____ Fax
Authorized Trader: _____	Authorized Trader: _____	
Authorized Trader: _____ <small>(If necessary, please attach a sheet for additional traders.)</small>	Authorized Trader: _____	

### 4 DISTRIBUTION OPTION (If none are checked all distributions will be reinvested)

	Reinvested	Cash
All income and short-term capital gains:	<input type="checkbox"/>	<input type="checkbox"/>

### 5 WIRING INSTRUCTIONS

Name of Account: _____	Account Number: _____
Name of Bank: _____	Bank's ABA Number: _____
Special Wiring Instructions: _____	
_____	
_____	

## 6 AUTHORIZATION / ACKNOWLEDGEMENTS

The transfer agent is hereby authorized to act upon telephone or written instructions, in accordance with the procedures and conditions set forth in the current prospectus for the purpose of redeeming shares or exchanging shares. I understand that the exchange privilege is only available for exchanges within the same class of shares. Neither the American Beacon Select Funds (the "Funds") nor the transfer agent will be liable for any loss, expense or cost arising out of any telephone or written requests believed by it to be genuine.

By execution of this application, the investor represents and warrants that (a) he/she/it has the full right, power and authority to make the investment applied for and (b) if applicable, he/she is a natural person of legal age in his state of residence and that all information on this application is true and correct. The person or persons, if any, signing on behalf of the investor represent and warrant that they are duly authorized to sign this application and purchase, exchange or redeem shares of the fund on behalf of the investor.

I have read this application, the applicable prospectus, and can request the applicable statement of additional Information (or download it from [www.americanbeaconfunds.com](http://www.americanbeaconfunds.com)) and agree to be bound by all of their terms and conditions. I also agree that any shares purchased now or later are and will be subject to the terms of the applicable prospectus and statement of additional information as in effect from time to time. I understand that I may be eligible to purchase more than one share class. I am aware of the fee structures (including any applicable sales charges, breakpoint discounts, or rights of accumulation) of the available share classes and have selected the share class best suited to my investment objectives, time horizon, and risk tolerance. If I exchange all shares into a new fund, all account options I have selected in this application will apply. I understand that if multiple accounts have the same Taxpayer Identification Number that I may receive a single copy to my household of a fund's prospectus, annual report, semi-annual report or other information that is required to be delivered. If I wish to receive a separate copy of these materials I agree to tell American Beacon Select Funds by phone, in writing or by email. I have reviewed the Funds' Privacy Policy at [www.americanbeaconfunds.com/PrivacyPolicy.aspx](http://www.americanbeaconfunds.com/PrivacyPolicy.aspx). I, and any person with an ownership interest in this account, am not subject to any restriction or sanctions by the Office of Foreign Asset Control or any other government agency.

**I am a U.S. citizen, resident alien, or a representative of a U.S. entity. I certify, under penalty of perjury, that: (a) the employer identification or Social Security number shown on this form is my correct Taxpayer Identification Number; (b) I am not subject to backup withholding because: (i) I am exempt from backup withholding, or (ii) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividend income, or (iii) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Strike out item (b) if you have been notified that you are subject to backup withholding.)**

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

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Authorized Signature	Title	Date
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Authorized Signature	Title	Date
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Note: Only an authorized signer may request changes to this account.

## 7 PURCHASE / REDEMPTION OF FUND SHARES

Refer to the sections of the prospectus entitled "Purchase and Redemption of Shares" for the official policies and procedures of the American Beacon Select Funds. Deadlines for placing orders are listed below or at the close of the New York Stock Exchange, whichever comes first:

	<b>Purchases</b>	<b>Redemptions</b>	<b>Redemption Proceeds</b>
<b>American Beacon Select Funds</b>	4:00 PM Eastern Time	4:00 PM Eastern Time	Orders placed by the deadline will generally be transmitted to shareholders the next business day.

### **Purchases by Wire:**

To make a purchase, redemption or to confirm receipt of a wire, call (800) 658-5811. Purchases may also be placed through our web site at [www.americanbeaconfunds.com](http://www.americanbeaconfunds.com). Click on "My Account". Monies due for the purchase of shares must be wired as follows:

State Street Bank and Trust Co.

ABA #0110-0002-8 / A/C #9905-342-3

Re: (American Beacon Select Funds) (Shareholder Account Number) (Fund Number) (Account Name)

**Fax completed application to (816) 374-7408**

**Mail original application to:**  
American Beacon Select Funds  
P.O. Box 219643  
Kansas City, MO 64121-9643  
(800) 658-5811

**Overnight Delivery:**  
American Beacon Select Funds  
c/o BFDS - Midwest  
330 West 9th Street  
Kansas City, MO 64105  
(800) 658-5811